24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media Inc	M - M / D - D / Y - Y - Y - Y
Mailing Address PO Box 1051	10 29 2022 Amount
City State Zip Code	117468.75
New Albany OH 43054	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2022	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Johnson Strategies LLC	10 29 2022
Mailing Address 4612 Dusik Lane	10 25 2022
	Amount
City State Zip Code	13000.00
Austin TX 78746	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ 004	M - M / D - D / Y - Y - Y
Media Production Type 004	10 28 2022
Name of Federal Candidate Support Offic	e Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
2022	ursement For: Primary X General
Per Election for Office Sought 1404315.60 2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130468.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	